

United States Bankruptcy Court
Middle District of North Carolina

In re **Kelly Scott Frady,**
Tanya Renee Carrick Frady

Debtors

Case No. **10-51653**

Chapter **7**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	457,745.00		
B - Personal Property	Yes	5	111,256.00		
C - Property Claimed as Exempt	Yes	8			
D - Creditors Holding Secured Claims	Yes	3		460,355.97	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		132,865.89	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	17		959,102.63	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			5,431.63
J - Current Expenditures of Individual Debtor(s)	Yes	2			5,378.34
Total Number of Sheets of ALL Schedules		43			
Total Assets			569,001.00		
Total Liabilities				1,552,324.49	

United States Bankruptcy Court
Middle District of North Carolina

In re **Kelly Scott Frady,**
Tanya Renee Carrick Frady

Debtors

Case No. **10-51653**

Chapter **7**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- ☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

State the following:

Average Income (from Schedule I, Line 16)	
Average Expenses (from Schedule J, Line 18)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**

Case No. **10-51653**

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Residence: 188 Cedar Springs Road, Lexington, NC 27293 Davidson County PIN: 6770-03-44-0115 Tax Value: \$246,200.00	Tenancy by the Entireties	J	246,200.00	288,168.00
Rental Property: 153 Lookout Mountain Road, Lexington, NC 27295 Davidson County PIN: 5773-02-68-7882 Tax Value: \$80,080.00	Tenancy by the Entireties	J	80,080.00	41,928.00
Vacant Land (3 Tracts): 1172 Dogwood Road, Denton, NC 27239 Davidson County Tract 1 (2.250 Acres): PIN: 6760-01-36-7623 Tax Value: \$19,130.00 Tract 2 (14.110 Acres): PIN: 6760-01-46-2932 Tax Value: \$70,160.00 Tract 3: PIN: 6760-01-46-4218 Tax Value: \$9,380.00	Tenancy by the Entireties	J	98,670.00	97,987.19
Rental Property: 626 Lake Street, Lexington, NC 27292 Davidson County PIN: 6725-04-73-4434 Tax Value: \$65,590.00 Co-Owner: Ralph Earl Carrick See: 10-51654	Tenant in Common	H	32,795.00	97,987.19

Sub-Total > **457,745.00** (Total of this page)

Total > **457,745.00**

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

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In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**

Case No. **10-51653**

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Cash on Hand	J	45.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking Account SECU, Lexington, NC	J	200.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Kitchen (Stove, Refrigerator, Dishwasher, & Freezer) (FMV)	J	300.00
		Small Kitchen Appliances (FMV)	J	100.00
		Dining Room Furniture (FMV)	J	450.00
		Living Room Furniture (FMV)	J	800.00
		Bedroom Furniture (master) (FMV)	J	1,690.00
		Bedroom Furniture (2nd) (FMV)	J	500.00
		Bedroom Furniture (3rd) (FMV)	J	120.00
		Bedroom Furniture (4th) (FMV)	J	100.00
		Misc. Furniture (FMV)	J	150.00
		HP Laptop Computer w/Peripherals (3 yo) (FMV)	J	200.00
		Game System (FMV)	J	75.00
		Televisions (3) & DVD Players (2) (FMV) 1. Sharp (3 yo); 2. Panasonic 46"; 3. Old	J	300.00

Sub-Total > **5,030.00**
(Total of this page)

4 continuation sheets attached to the Schedule of Personal Property

In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**

Case No. **10-51653**

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		Vacuum Cleaner (FMV)	J	100.00
		Space Heater (FMV)	J	100.00
		Barbeque Grill (FMV)	J	50.00
		Washer/Dryer (FMV)	J	200.00
		Gun Safe (FMV)	H	200.00
		Misc. Household Goods (FMV)	J	300.00
		Household/Auto Repair Tools (FMV)	H	1,500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Books (FMV)	J	200.00
6. Wearing apparel.		Clothing, shoes, costume jewelry (FMV)	J	700.00
7. Furs and jewelry.		Wedding Ring (FMV)	W	100.00
		Ring & Bracelet (FMV)	W	200.00
8. Firearms and sports, photographic, and other hobby equipment.		Weights, Treadmill, Foosball Table, and Bike (FMV)	J	500.00
		Springfield Armory 45 cal Pistol (FMV)	H	350.00
		Winchester 22 cal. Rifles (2) (FMV)	H	100.00
		Double-Barrel 12 guage Shotgun (FMV)	H	75.00
		Mossin-Nagant Rifle (FMV)	H	50.00
		Remington 1187 12 guage Shotgun	H	250.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Group Term Life Insurance Policy (W) Beneficiary: Debtor (H)	W	Unknown
		Group Term Life Insurance Policy (H) Beneficiary: Debtor (W)	J	Unknown
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > **4,975.00**
(Total of this page)

Sheet **1** of **4** continuation sheets attached
to the Schedule of Personal Property

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In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**

Case No. **10-51653**

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)		Teachers and State Employees' Retirement System	W	48,506.00
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		HRF Enterprises, LLC Office Address: 1001 W. WT Harris Boulevard, Suite P241, Charlotte, NC 28213 Members: Tanya Frady (51% interest) and Stewart Roberts (49% interest) Type of Business: Tree Removal/Service LLC Effective Date: 10/04/2007 Assets of Business: 2003 Vermeer Chipper (value: \$2,500.00); 2003 F550 Ford Chip Truck (\$6,000.00); 1999 Dodge Ram (\$2,500.00 -- bad transmission); 1990 Ford F800 Bucket Truck (\$3,000.00 -- not operating); 2005 Kaufman Trailer (\$500.00); 2001 Chevrolet Service Truck (\$2,000.00); Office Equipment/Supplies (\$1,000.00).	W	7,548.00
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			

Sub-Total > **56,054.00**
(Total of this page)

Sheet **2** of **4** continuation sheets attached
to the Schedule of Personal Property

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In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**

Case No. **10-51653**

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.		Certified Arborist License International Society of Aboriculture (expires on 06/30/12)	H	Unknown
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2002 Pontiac Grand Prix GT VIN: 1G2WP52K02F174513 Mileage: 90,628 Value: NADA (average trade-in)	W	3,875.00
		1984 Datsun 280Z Title is not in Debtors' name Note: Vehicle not restored and not operational.	H	300.00
		2007 Toyota FJ Cruiser VIN: JTEBU11F970020369 Mileage: 110,000 Value: NADA	J	18,068.00
		2002 Saturn VUE VIN: 5GZCZ63B62S822732 Mileage: 150,000 Value: NADA Note: Transmission needs to be replaced. Note: Lien on vehicle is held by Wells Fargo Bank as security for payment of Judgment Lien (08-CVD-1788) in the amount of \$9,959.77.	H	2,525.00

Sub-Total > **24,768.00**
(Total of this page)

Sheet **3** of **4** continuation sheets attached
to the Schedule of Personal Property

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In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**

Case No. **10-51653**

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		1982 Chevrolet Corvette VIN: 1G1A48781C5120459 Mileage: 202548 Value: Not restored and not operational.	W	4,000.00
		2006 Yamaha Motorcycle VIN: JYARP15E06A000320 Mileage: 11,805 Value: NADA	H	13,499.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.		Chainsaws (7); Ropes & Pulleys; PortaWrap; Blowers (2); Climbing Belt/Spikes; Loppers; Extension Poles; Pole Saw (FMV)	H	2,000.00
30. Inventory.	X			
31. Animals.		Cows (2) (FMV)	J	600.00
		Dogs (2) & Cat (pets) (FMV)	J	30.00
		Horse w/tack (FMV) Belongs to dependent	J	300.00
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > **20,429.00**
(Total of this page)
Total > **111,256.00**

Sheet **4** of **4** continuation sheets attached
to the Schedule of Personal Property

(Report also on Summary of Schedules)

91C (12/09)

**United States Bankruptcy Court
Middle District of North Carolina**

In re **Kelly Scott Frady
Tanya Renee Carrick Frady**

Debtor(s)

Case No. **10-51653**Chapter **7**

DEBTOR'S CLAIM FOR PROPERTY EXEMPTIONS

I, **Kelly Scott Frady**, the undersigned debtor, hereby claim the following property as exempt pursuant to 11 U.S.C. § 522(b)(3)(A), (B), and (C), the Laws of the State of North Carolina, and non-bankruptcy federal law.

☐ Check if the debtor claims as exempt any amount of interest that exceeds \$125,000 in value in property that the debtor or a dependent of the debtor uses as a residence.

1. **REAL OR PERSONAL PROPERTY USED BY DEBTOR OR DEBTOR'S DEPENDENT AS RESIDENCE OR BURIAL PLOT.** (NCGS 1C-1601(a)(1)).

Select appropriate exemption amount below:

- ☒ Total net value not to exceed \$35,000.
☐ Total net value not to exceed \$60,000. (Debtor is unmarried, 65 years of age or older, property was previously owned by debtor as tenant by the entireties or joint tenant with rights of survivorship, and former co-owner is deceased.)

Description of Property & Address	Market Value	Mtg. Holder or Lien Holder(s)	Amt. Mtg. or Lien	Net Value
Residence: 188 Cedar Springs Road, Lexington, NC 27293 Davidson County PIN: 6770-03-44-0115 Tax Value: \$246,200.00	246,200.00	Bank of America Home Loans Bank of America, NA Berkley Risk Administrators, LLC Key Risk Mgmt Services, Inc.	121,570.00 134,371.00 21,873.00 10,354.00	0.00

(a) Total Net Value	\$	<u>Unknown</u>
Total Net Exemption	\$	<u>0.00</u>
(b) Unused portion of exemption, not to exceed \$5,000.	\$	<u>5,000.00</u>

(This amount, if any, may be carried forward and used to claim an exemption in any property owned by the debtor. (NCGS 1C-1601(a)(2)).

2. **TENANCY BY THE ENTIRETY.** The following property is claimed as exempt pursuant to 11 U.S.C. § 522(b)(3)(B) and the laws of the State of North Carolina pertaining to property held as tenants by the entirety.

Description of Property & Address	Market Value	Mtg. Holder or Lien Holder(s)	Amt. Mtg. or Lien	Net Value
Vacant Land (3 Tracts): 1172 Dogwood Road, Denton, NC 27239 Davidson County Tract 1 (2.250 Acres): PIN: 6760-01-36-7623 Tax Value: \$19,130.00 Tract 2 (14.110 Acres): PIN: 6760-01-46-2932 Tax Value: \$70,160.00 Tract 3: PIN: 6760-01-46-4218 Tax Value: \$9,380.00	98,670.00	Bank of North Carolina	97,987.19	682.81

91C (12/09)

3. **MOTOR VEHICLE.** (NCGS 1C-1601(a)(3). Only one vehicle allowed under this paragraph with net value claimed as exempt not to exceed \$3,500.)

Year, Make, Model of Auto	Market Value	Lien Holder(s)	Amt. Lien	Net Value
2007 Toyota FJ Cruiser VIN: JTEBU11F970020369 Mileage: 110,000 Value: NADA	18,068.00	Wells Fargo Bank	13,950.01	4,117.99

(a) Statutory allowance \$ 3,500

(b) Amount from 1 (b) above to be used in this paragraph.
(A part or all of 1 (b) may be used as needed.) \$

Total Net Exemption \$ 3,500.00

4. **TOOLS OF TRADE, IMPLEMENTS, OR PROFESSIONAL BOOKS.** (NCGS 1C-1601(a)(5). Used by debtor or debtor's dependent. Total net value of all items claimed as exempt not to exceed \$2,000.)

Description	Market Value	Lien Holder(s)	Amt. Lien	Net Value
Chainsaws (7); Ropes & Pulleys; PortaWrap; Blowers (2); Climbing Belt/Spikes; Loppers; Extension Poles; Pole Saw (FMV)	2,000.00			2,000.00

(a) Statutory allowance \$ 2,000

(b) Amount from 1 (b) above to be used in this paragraph.
(A part or all of 1 (b) may be used as needed.) \$

Total Net Exemption \$ 2,000.00

5. **PERSONAL PROPERTY USED FOR HOUSEHOLD OR PERSONAL PURPOSES NEEDED BY DEBTOR OR DEBTOR'S DEPENDENTS.** (NCGS 1C-1601(a)(4). Debtor's aggregate interest, not to exceed \$5,000 in value for the debtor plus \$1,000 for each dependent of the debtor, not to exceed \$4,000 total for dependents.)

Description	Market Value	Lien Holder(s)	Amt. Lien	Net Value
Barbeque Grill (FMV)	50.00			25.00
Bedroom Furniture (2nd) (FMV)	500.00			250.00
Bedroom Furniture (3rd) (FMV)	120.00			60.00
Bedroom Furniture (4th) (FMV)	100.00			50.00
Bedroom Furniture (master) (FMV)	1,690.00			845.00
Books (FMV)	200.00			200.00
Clothing, shoes, costume jewelry (FMV)	700.00			350.00
Dining Room Furniture (FMV)	450.00			225.00
Dogs (2) & Cat (pets) (FMV)	30.00			15.00
Gun Safe (FMV)	200.00			200.00
Household/Auto Repair Tools (FMV)	1,500.00			1,500.00
HP Laptop Computer w/Peripherals (3 yo) (FMV)	200.00			100.00
Kitchen (Stove, Refrigerator, Dishwasher, & Freezer) (FMV)	300.00			150.00
Living Room Furniture (FMV)	800.00			400.00
Misc. Furniture (FMV)	150.00			75.00
Small Kitchen Appliances (FMV)	100.00			50.00
Springfield Armory 45 cal Pistol (FMV)	350.00			350.00

91C (12/09)

Description	Market Value	Lien Holder(s)	Amt. Lien	Net Value
Televisions (3) & DVD Players (2) (FMV)				
1. Sharp (3 yo); 2. Panasonic 46"; 3. Old	300.00			150.00

Total Net Value 4,995.00

- (a) Statutory allowance for debtor \$ 5,000
- (b) Statutory allowance for debtor's dependents: 1 dependents at \$1,000 each (not to exceed \$4,000 total for dependents) 1,000.00
- (c) Amount from 1(b) above to be used in this paragraph. _____
- (A part or all of 1 (b) may be used as needed.)

Total Net Exemption 4,995.006. **LIFE INSURANCE.** (As provided in Article X, Section 5 of North Carolina Constitution.)Name of Insurance Company\Policy No.\Name of Insured\Policy Date\Name of Beneficiary
-NONE-7. **PROFESSIONALLY PRESCRIBED HEALTH AIDS (FOR DEBTOR OR DEBTOR'S DEPENDENTS).** (NCGS 1C-1601(a)(7). No limit on value or number of items.)Description:
-NONE-8. **DEBTOR'S RIGHT TO RECEIVE FOLLOWING COMPENSATION:** (NCGS 1C-1601(a)(8). No limit on number or amount.)

- A. \$ -NONE- Compensation for personal injury to debtor or to person whom debtor was dependent for support.
- B. \$ -NONE- Compensation for death of person of whom debtor was dependent for support.
- C. \$ -NONE- Compensation from private disability policies or annuities.

9. **INDIVIDUAL RETIREMENT PLANS AS DEFINED IN THE INTERNAL REVENUE CODE AND ANY PLAN TREATED IN THE SAME MANNER AS AN INDIVIDUAL RETIREMENT PLAN UNDER THE INTERNAL REVENUE CODE.** (NCGS 1C-1601(a)(9). No limit on number or amount.) **AND OTHER RETIREMENT FUNDS DEFINED IN 11 U.S.C. § 522(b)(3)(c).**Detailed Description Value
-NONE-10. **COLLEGE SAVINGS PLANS QUALIFIED UNDER SECTION 529 OF THE INTERNAL REVENUE CODE.** (NCGS 1C-1601(a)(10). Total net value not to exceed \$25,000 and may not include any funds placed in a college saving plan within the preceding 12 months not in the ordinary course of the debtor's financial affairs. This exemption applies only to the extent that the funds are for a child of the debtor and will actually be used for the child's college or university expenses.)Detailed Description Value
-NONE-11. **RETIREMENT BENEFITS UNDER A RETIREMENT PLAN OF OTHER STATE AND GOVERNMENTAL UNITS OF OTHER STATES, TO THE EXTENT THOSE BENEFITS ARE EXEMPT UNDER THE LAWS OF THAT STATE OR GOVERNMENTAL UNIT.** (NCGS 1C-1601(a)(11). No limit on amount.)Description:
-NONE-12. **ALIMONY, SUPPORT, SEPARATION MAINTENANCE AND CHILD SUPPORT.** (NCGS 1C-1601(a)(12). No limit on amount to the extent such payments are reasonably necessary for the support of Debtor or dependent of Debtor.)Description:
-NONE-

91C (12/09)

13. ANY OTHER REAL OR PERSONAL PROPERTY WHICH DEBTOR DESIRES TO CLAIM AS EXEMPT THAT HAS NOT PREVIOUSLY BEEN CLAIMED ABOVE. (NCGS 1C-1601(a)(2). The amount claimed may not exceed the remaining amount available under paragraph 1(b) which has not been used for other exemptions.)

Description	Market Value	Lien Holder(s)	Amt. Lien	Net Value
2007 Toyota FJ Cruiser VIN: JTEBU11F970020369 Mileage: 110,000 Value: NADA	18,068.00	Wells Fargo Bank	13,950.01	617.99
1982 Chevrolet Corvette VIN: 1G1A48781C5120459 Mileage: 202548 Value: Not restored and not operational.	4,000.00			2,575.80
Certified Arborist License International Society of Aboriculture (expires on 06/30/12)	Unknown			Unknown
Double-Barrel 12 guage Shotgun (FMV)	75.00			75.00
Horse w/tack (FMV) Belongs to dependent	300.00			300.00
Cows (2) (FMV)	600.00			600.00
Mossin-Nagant Rifle (FMV)	50.00			50.00
Remington 1187 12 guage Shotgun	250.00			250.00
Vacant Land (3 Tracts): 1172 Dogwood Road, Denton, NC 27239 Davidson County Tract 1 (2.250 Acres): PIN: 6760-01-36-7623 Tax Value: \$19,130.00 Tract 2 (14.110 Acres): PIN: 6760-01-46-2932 Tax Value: \$70,160.00 Tract 3: PIN: 6760-01-46-4218 Tax Value: \$9,380.00	98,670.00	Bank of North Carolina	97,987.19	682.81
Winchester 22 cal. Rifles (2) (FMV)	100.00			100.00

(a) Total Net Value of property claimed in paragraph 13. \$ 5,000.00

(b) Total amount available from paragraph 1(b). \$ 5,000.00

(c) Less amounts from paragraph 1(b) which were used in the following paragraphs:

Paragraph 3(b) \$ _____
 Paragraph 4(b) \$ _____
 Paragraph 5(c) \$ _____

Net Balance Available from paragraph 1(b) \$ 5,000.00

Total Net Exemption \$ _____

14. OTHER EXEMPTIONS CLAIMED UNDER THE LAWS OF THE STATE OF NORTH CAROLINA:

Debtor earnings necessary to support family (all earnings from last 60 days), N.C. Gen. Stat. § 1-362	<u>45.00</u>
Debtor earnings necessary to support family (all earnings from last 60 days), N.C. Gen. Stat. § 1-362	<u>200.00</u>
Group life insurance benefits, N.C. Gen. Stat. § 58-58-165	<u>Unknown</u>
TOTAL VALUE OF PROPERTY CLAIMED AS EXEMPT	\$ <u>245.00</u>

15. EXEMPTIONS CLAIMED UNDER NON-BANKRUPTCY FEDERAL LAW:

-NONE-

TOTAL VALUE OF PROPERTY CLAIMED AS EXEMPT \$ 0.00

DATE 09/13/2010

/s/ Kelly Scott Frady

Kelly Scott Frady

Debtor

91C (12/09)

United States Bankruptcy Court
Middle District of North Carolina

In re **Kelly Scott Frady**
Tanya Renee Carrick Frady

Debtor(s)

Case No. **10-51653**Chapter **7**

DEBTOR'S CLAIM FOR PROPERTY EXEMPTIONS

I, **Tanya Renee Carrick Frady**, the undersigned debtor, hereby claim the following property as exempt pursuant to 11 U.S.C. § 522(b)(3)(A), (B), and (C), the Laws of the State of North Carolina, and non-bankruptcy federal law.

☐ Check if the debtor claims as exempt any amount of interest that exceeds \$125,000 in value in property that the debtor or a dependent of the debtor uses as a residence.

1. **REAL OR PERSONAL PROPERTY USED BY DEBTOR OR DEBTOR'S DEPENDENT AS RESIDENCE OR BURIAL PLOT.** (NCGS 1C-1601(a)(1)).

Select appropriate exemption amount below:

- ☒ Total net value not to exceed \$35,000.
☐ Total net value not to exceed \$60,000. (Debtor is unmarried, 65 years of age or older, property was previously owned by debtor as tenant by the entireties or joint tenant with rights of survivorship, and former co-owner is deceased.)

Description of Property & Address	Market Value	Mtg. Holder or Lien Holder(s)	Amt. Mtg. or Lien	Net Value
Residence: 188 Cedar Springs Road, Lexington, NC 27293 Davidson County PIN: 6770-03-44-0115 Tax Value: \$246,200.00	246,200.00	Bank of America Home Loans Bank of America, NA Berkley Risk Administrators, LLC Key Risk Mgmt Services, Inc.	121,570.00 134,371.00 21,873.00 10,354.00	0.00

(a) Total Net Value	\$	Unknown
Total Net Exemption	\$	0.00
(b) Unused portion of exemption, not to exceed \$5,000.	\$	5,000.00

(This amount, if any, may be carried forward and used to claim an exemption in any property owned by the debtor. (NCGS 1C-1601(a)(2)).

2. **TENANCY BY THE ENTIRETY.** The following property is claimed as exempt pursuant to 11 U.S.C. § 522(b)(3)(B) and the laws of the State of North Carolina pertaining to property held as tenants by the entirety.

Description of Property & Address	Market Value	Mtg. Holder or Lien Holder(s)	Amt. Mtg. or Lien	Net Value
Vacant Land (3 Tracts): 1172 Dogwood Road, Denton, NC 27239 Davidson County Tract 1 (2.250 Acres): PIN: 6760-01-36-7623 Tax Value: \$19,130.00 Tract 2 (14.110 Acres): PIN: 6760-01-46-2932 Tax Value: \$70,160.00 Tract 3: PIN: 6760-01-46-4218 Tax Value: \$9,380.00	98,670.00	Bank of North Carolina	97,987.19	682.81

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3. **MOTOR VEHICLE.** (NCGS 1C-1601(a)(3). Only one vehicle allowed under this paragraph with net value claimed as exempt not to exceed \$3,500.)

Year, Make Model of Auto	Market Value	Lien Holder(s)	Amt. Lien	Net Value
2002 Pontiac Grand Prix GT VIN: 1G2WP52K02F174513 Mileage: 90,628 Value: NADA (average trade-in)	3,875.00			3,875.00

(a) Statutory allowance \$ 3,500

(b) Amount from 1(b) above to be used in this paragraph.
(A part or all of 1(b) may be used as needed.) \$

Total Net Exemption \$ 3,500.00

4. **TOOLS OF TRADE, IMPLEMENTS, OR PROFESSIONAL BOOKS.** (NCGS 1C-1601(a)(5). Used by debtor or debtor's dependent. Total net value of all items claimed as exempt not to exceed \$2,000.)

Description	Market Value	Lien Holder(s)	Amt. Lien	Net Value
-NONE-				

(a) Statutory allowance \$ 2,000

(b) Amount from 1(b) above to be used in this paragraph.
(A part or all of 1(b) may be used as needed.) \$

Total Net Exemption \$ 0.00

5. **PERSONAL PROPERTY USED FOR HOUSEHOLD OR PERSONAL PURPOSES NEEDED BY DEBTOR OR DEBTOR'S DEPENDENTS.** (NCGS 1C-1601(a)(4). Debtor's aggregate interest, not to exceed \$5,000 in value for the debtor plus \$1,000 for each dependent of the debtor, not to exceed \$4,000 total for dependents.)

Description of Property	Market Value	Lien Holder(s)	Amt. Lien	Net Value
Barbeque Grill (FMV)	50.00			25.00
Bedroom Furniture (2nd) (FMV)	500.00			250.00
Bedroom Furniture (3rd) (FMV)	120.00			60.00
Bedroom Furniture (4th) (FMV)	100.00			50.00
Bedroom Furniture (master) (FMV)	1,690.00			845.00
Clothing, shoes, costume jewelry (FMV)	700.00			350.00
Dining Room Furniture (FMV)	450.00			225.00
Game System (FMV)	75.00			75.00
HP Laptop Computer w/Peripherals (3 yo) (FMV)	200.00			100.00
Kitchen (Stove, Refrigerator, Dishwasher, & Freezer) (FMV)	300.00			150.00
Living Room Furniture (FMV)	800.00			400.00
Misc. Furniture (FMV)	150.00			75.00
Misc. Household Goods (FMV)	300.00			150.00
Small Kitchen Appliances (FMV)	100.00			50.00
Space Heater (FMV)	100.00			100.00
Televisions (3) & DVD Players (2) (FMV)				
1. Sharp (3 yo); 2. Panasonic 46"; 3. Old	300.00			150.00
Vacuum Cleaner (FMV)	100.00			100.00
Washer/Dryer (FMV)	200.00			200.00
Weights, Treadmill, Foosball Table, and Bike (FMV)	500.00			500.00

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Total Net Value 3,855.00

- (a) Statutory allowance for debtor \$ 5,000
- (b) Statutory allowance for debtor's dependents: 1 dependents at \$1,000 each (not to exceed \$4,000 total for dependents) 1,000.00
- (c) Amount from 1(b) above to be used in this paragraph.
(A part or all of 1(b) may be used as needed.) _____

Total Net Exemption 3855.006. **LIFE INSURANCE.** (As provided in Article X, Section 5 of North Carolina Constitution.)

Name of Insurance Company\Policy No.\Name of Insured\Policy Date\Name of Beneficiary

-NONE-7. **PROFESSIONALLY PRESCRIBED HEALTH AIDS (FOR DEBTOR OR DEBTOR'S DEPENDENTS).** (NCGS 1C-1601(a)(7). No limit on value or number of items.)

Description:

-NONE-8. **DEBTOR'S RIGHT TO RECEIVE FOLLOWING COMPENSATION:** (NCGS 1C-1601(a)(8). No limit on number or amount.)

- A. \$ -NONE- Compensation for personal injury to debtor or to person whom debtor was dependent for support.
- B. \$ -NONE- Compensation for death of person of whom debtor was dependent for support.
- C. \$ -NONE- Compensation from private disability policies or annuities.

9. **INDIVIDUAL RETIREMENT PLANS AS DEFINED IN THE INTERNAL REVENUE CODE AND ANY PLAN TREATED IN THE SAME MANNER AS AN INDIVIDUAL RETIREMENT PLAN UNDER THE INTERNAL REVENUE CODE.** (NCGS 1C-1601(a)(9). No limit on number or amount.) **AND OTHER RETIREMENT FUNDS DEFINED IN 11 U.S.C. § 522(b)(3)(c).**

Detailed Description

Value

-NONE-10. **COLLEGE SAVINGS PLANS QUALIFIED UNDER SECTION 529 OF THE INTERNAL REVENUE CODE.** (NCGS 1C-1601(a)(10). Total net value not to exceed \$25,000 and may not include any funds placed in a college saving plan within the preceding 12 months not in the ordinary course of the debtor's financial affairs. This exemption applies only to the extent that the funds are for a child of the debtor and will actually be used for the child's college or university expenses.)

Detailed Description

Value

-NONE-11. **RETIREMENT BENEFITS UNDER A RETIREMENT PLAN OF OTHER STATE AND GOVERNMENTAL UNITS OF OTHER STATES, TO THE EXTENT THOSE BENEFITS ARE EXEMPT UNDER THE LAWS OF THAT STATE OR GOVERNMENTAL UNIT.** (NCGS 1C-1601(a)(11). No limit on amount.)

Description:

-NONE-12. **ALIMONY, SUPPORT, SEPARATION MAINTENANCE AND CHILD SUPPORT.** (NCGS 1C-1601(a)(12). No limit on amount to the extent such payments are reasonably necessary for the support of Debtor or dependent of Debtor.)

Description:

-NONE-

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13. **ANY OTHER REAL OR PERSONAL PROPERTY WHICH DEBTOR DESIRES TO CLAIM AS EXEMPT THAT HAS NOT PREVIOUSLY BEEN CLAIMED ABOVE.** (NCGS 1C-1601(a)(2). The amount claimed may not exceed the remaining amount available under paragraph 1(b) which has not been used for other exemptions.)

Description	Market Value	Lien Holder(s)	Amt. Lien	Net Value
HRF Enterprises, LLC Office Address: 1001 W. WT Harris Boulevard, Suite P241, Charlotte, NC 28213 Members: Tanya Frady (51% interest) and Stewart Roberts (49% interest) Type of Business: Tree Removal/Service LLC Effective Date: 10/04/2007 Assets of Business: 2003 Vermeer Chipper (value: \$2,500.00); 2003 F550 Ford Chip Truck (\$6,000.00); 1999 Dodge Ram (\$2,500.00 -- bad transmission); 1990 Ford F800 Bucket Truck (\$3,000.00 -- not operating); 2005 Kaufman Trailer (\$500.00); 2001 Chevrolet Service Truck (\$2,000.00); Office Equipment/Supplies (\$1,000.00).	14,800.00			7,548.00 51% owned
Ring & Bracelet (FMV)	200.00			200.00
Wedding Ring (FMV)	100.00			100.00

(a) Total Net Value of property claimed in paragraph 13. \$ 5,000.00

(b) Total amount available from paragraph 1(b). \$ 5,000.00

(c) Less amounts from paragraph 1(b) which were used in the following paragraphs:

Paragraph 3(b)	\$ _____
Paragraph 4(b)	\$ _____
Paragraph 5(c)	\$ _____
Net Balance Available from paragraph 1(b)	\$ <u>5,000.00</u>
Total Net Exemption	\$ _____

14. **OTHER EXEMPTIONS CLAIMED UNDER THE LAWS OF THE STATE OF NORTH CAROLINA:**

State teacher retirement benefits, N.C. Gen. Stat. § 135-9	<u>48,506.00</u>
TOTAL VALUE OF PROPERTY CLAIMED AS EXEMPT	\$ <u>48,506.00</u>

15. **EXEMPTIONS CLAIMED UNDER NON-BANKRUPTCY FEDERAL LAW:**

-NONE-	
TOTAL VALUE OF PROPERTY CLAIMED AS EXEMPT	\$ <u>0.00</u>

DATE 09/13/2010

/s/ Tanya Renee Carrick Frady
Tanya Renee Carrick Frady
 Joint Debtor

In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**

Case No. **10-51653**

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxxxx3879 Creditor #: 1 Bank of America Home Loans Attn: Bankruptcy PO Box 5170 Simi Valley, CA 93062-5170		J	10/1998 Deed of Trust Residence: 188 Cedar Springs Road, Lexington, NC 27293 Davidson County PIN: 6770-03-44-0115 Tax Value: \$246,200.00				121,570.00	0.00
Account No. xxxx-xxxx-xx8599 Creditor #: 2 Bank of America, NA Attn: Managing Agent PO Box 21848 Greensboro, NC 27420-1848		J	Home Equity Line of Credit Residence: 188 Cedar Springs Road, Lexington, NC 27293 Davidson County PIN: 6770-03-44-0115 Tax Value: \$246,200.00				134,371.00	9,741.00
Account No. Bank of America Attn: Bankruptcy NC4-105-02-77 PO Box 26012 Greensboro, NC 27410			Additional Notice: Bank of America, NA				Notice Only	
Account No. xxxx9039 Creditor #: 3 Bank of North Carolina Attn: Managing Agent 1226 Eastchester Drive High Point, NC 27265		X J	08/28/2008 Deed of Trust Vacant Land (3 Tracts): 1172 Dogwood Road, Denton, NC NOTE: Loan also secures real property owned by Ralph & Bernice Carrick.				97,987.19	0.00
Subtotal (Total of this page)							353,928.19	9,741.00

2 continuation sheets attached

In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**

Case No. **10-51653**

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
			DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No. xxxx9039								
Creditor #: 4 Bank of North Carolina Attn: Managing Agent 1226 Eastchester Drive High Point, NC 27265		X J	08/28/2006 Deed of Trust Rental Property: 626 Lake Street, Lexington, NC Tax Value: \$65,590.00 Co-Owner: Ralph Earl Carrick See: 10-51654					
			Value \$ 65,590.00				Unknown	Unknown
Account No.								
Creditor #: 5 Berkley Risk Administrators, LLC c/o Gerald Groon, Esq. Smith Debnam Narron PO Box 26268 Raleigh, NC 27611-6268		X H	03/2006 Judgment Lien Residence: 188 Cedar Springs Road, Lexington, NC 27293 Davidson County PIN: 6770-03-44-0115 Tax Value: \$246,200.00					
			Value \$ 246,200.00				21,873.00	21,873.00
Account No. xxxxxxxxxxxxxxxx4118								
Creditor #: 6 HSBC Bank Nevada, NA Attn: Managing Agent 90 Christiana Road New Castle, DE 19720		H	04/2005 Purchase Money Security 2006 Yamaha Motorcycle VIN: JYARP15E06A000320 Mileage: 11,805 Value: NADA					
			Value \$ 13,499.00				8,363.00	0.00
Account No. xx-xxxx2660								
Creditor #: 7 Industrial Federal Savings Bank Attn: Managing Agent 107 West Center Street Lexington, NC 27292		H	02/2005 Deed of Trust Rental Property: 153 Lookout Mountain Road, Lexington, NC 27295 Davidson County PIN: 5773-02-68-7882 Tax Value: \$80,080.00					
			Value \$ 80,080.00				41,928.00	0.00
Account No. xx-xxx-xx1742								
Creditor #: 8 Key Risk Mgmt Services, Inc. Attn: Gerald Groon, Esq. Smith Debnam Narron PO Box 26268 Raleigh, NC 27611-6268		X J	Judgment Lien Residence: 188 Cedar Springs Road, Lexington, NC 27293 Davidson County PIN: 6770-03-44-0115 Tax Value: \$246,200.00					
			Value \$ 246,200.00				10,354.00	10,354.00
Subtotal							82,518.00	32,227.00
(Total of this page)								

Sheet **1** of **2** continuation sheets attached to
Schedule of Creditors Holding Secured Claims

In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**

Case No. **10-51653**

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B I T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
			DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No. xxxxxx2025			06/2006					
Creditor #: 9 Wells Fargo Bank Attn: Managing Agent PO Box 3000 Winterville, NC 28590		J	Purchase Money Security 2007 Toyota FJ Cruiser VIN: JTEBU11F970020369 Mileage: 110,000 Value: NADA					
			Value \$ 18,068.00				13,950.01	0.00
Account No. xx-xxx-1788			2008					
Creditor #: 10 Wells Fargo Bank, NA c/o Clontz & Clontz, PLLC The Justice Building 225 South McDowell Street Charlotte, NC 28204-2294		H	Title Lienholder 2002 Saturn VUE VIN: 5GZCZ63B62S822732 Mileage: 150,000 Value: NADA Note: Transmission needs to be replaced.					
			Value \$ 2,525.00				9,959.77	7,434.77
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					

Sheet **2** of **2** continuation sheets attached to
Schedule of Creditors Holding Secured Claims

Subtotal
(Total of this page)

23,909.78

7,434.77

Total
(Report on Summary of Schedules)

460,355.97

49,402.77

In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**

Case No. **10-51653**

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**Case No. **10-51653**

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	A M O U N T N O T E N T I T L E D T O P R I O R I T Y, I F A N Y
								A M O U N T E N T I T L E D T O P R I O R I T Y
Account No. Creditor #: 1 Davidson County Tax Collector Attn: Managing Agent PO Box 580018 Charlotte, NC 28258-0018		J	Notice Only				Unknown	Unknown
							Unknown	0.00
Account No. Creditor #: 2 Escambia County Tax Collector Attn: Managing Agent PO Box 1312 Pensacola, FL 32591		H	Guarantor/obligor for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown	Unknown
Account No. xxx5493 Creditor #: 3 Florida Dept of Revenue Attn: Managing Agent 5050 West Tennessee Street Tallahassee, FL 32399-0100		H	2004 to 2007 Tax Lien No. 07-115517 Unemployment Tax Guarantor/obligor for Frady Tree Svcs., Inc. See: 07-50511; MDNC				526.48	Unknown
Account No. xxxx110-7 Creditor #: 4 Florida Dept of Revenue Attn: Managing Agent 5050 West Tennessee Street Tallahassee, FL 32399-0100	X	H	2007 Unemployment Tax Guarantor/obligor for Frady Tree Svcs., Inc. See: 07-50511; MDNC				177.00	Unknown
Account No. xx-xxx8278 Creditor #: 5 Internal Revenue Service PO Box 21126 Philadelphia, PA 19114-0326	X	H	2005 to 2007 Guarantor/obligor for Frady Tree Svcs., Inc. See: 07-50511; MDNC				132,076.41	Unknown
Subtotal								0.00
(Total of this page)							132,779.89	0.00

Sheet **1** of **2** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**Case No. **10-51653**

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B I T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM					AMOUNT ENTITLED TO PRIORITY
Account No.							
Creditor #: 6 NC Div of Motor Vehicles Attn: Managing Agent 3148 Mail Service Center Raleigh, NC 27699-3101		Guarantor/obligor for Frady Tree Svcs., Inc. See: 07-50511; MDNC					
	H					Unknown	Unknown
						Unknown	Unknown
Account No.							
Creditor #: 7 NC Employment Security Comm. Attn: Managing Agent PO Box 25903 Raleigh, NC 27611-5903		Guarantor/obligor for Frady Tree Svcs., Inc. See: 07-50511; MDNC					
	H					Unknown	Unknown
						Unknown	Unknown
Account No. xxxx1681							
Creditor #: 8 North Carolina Department of Revenue Attn: Bankruptcy Dept PO Box 1168 Raleigh, NC 27602-1168		2006 Guarantor/obligor for Frady Tree Svcs., Inc. See: 07-50511; MDNC					
	J					86.00	Unknown
Account No.							
Creditor #: 9 North Carolina Department of Revenue c/o Reginald S. Hinton PO Box 25000 Raleigh, NC 27640-5000		Notice Only					
	J					Unknown	0.00
Account No.							

Sheet **2** of **2** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority ClaimsSubtotal
(Total of this page)0.00
86.00 0.00Total
(Report on Summary of Schedules)0.00
132,865.89 0.00

In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**

Case No. **10-51653**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Creditor #: 1 A-Bear Refrigeration, Inc. Attn: Managing Agent 288 Plantation Hill Road Gulf Breeze, FL 32561-4860		Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Account No. Creditor #: 2 ADT Security Services, Inc. Attn: Managing Agent PO Box 371967 Pittsburgh, PA 15250		Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Account No. xxxxxxxx8000 Creditor #: 3 Agricredit Acceptance LLC Attn: Managing Agent PO Box 14535 Johnston, IA 50131		11/2003 Commerical Installment Loan Business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				109,310.00
Account No. Creditor #: 4 Altec Industries, Inc. Attn: Managing Agent PO Box 11407 Birmingham, AL 35246		Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
<div style="display: flex; justify-content: space-between;"> 16 continuation sheets attached <div> Subtotal (Total of this page) </div> </div>						109,310.00

In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**

Case No. **10-51653**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxxxxxx0123 Creditor #: 5 American Express c/o Becket and Lee PO Box 3001 Malvern, PA 19355		08/2000 Credit Card Account Business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Account No. Creditor #: 6 American Interstate Insurance Attn: Managing Agent 2301 Hwy 190 West Deridder, LA 70634-6006		Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Account No. xxxx-xxxx-xxxx-3636 Creditor #: 7 AT&T Universal Card Attn: Managing Agent PO Box 6500 Sioux Falls, SD 57117-6500		Credit Card Account				1,152.00
Account No. xxxx-xxxx-xxxx-1634 Creditor #: 8 Bank of America Attn: Managing Agent PO Box 15026 Wilmington, DE 19850-5026		04/2006 Credit Card Account				13,128.00
Account No. xxxx-xxxx-xxxx-8144 Creditor #: 9 Bank of America Attn: Managing Agent PO Box 15480 Wilmington, DE 19850-5026		Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Sheet no. 1 of 16 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 14,280.00

In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**

Case No. **10-51653**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxx-xxxx-xxxx-4091 Creditor #: 10 Bank of America Attn: Managing Agent PO Box 15026 Wilmington, DE 19850-5026	J	04/2006 Credit Card Account				Unknown
Account No. xxxx-xxxx-xxxx-6049 Creditor #: 11 Bank of America Attn: Managing Agent PO Box 15026 Wilmington, DE 19850-5026	J	12/1997 Credit Card Account				Unknown
Account No. xxxx-xxxx-xxxx-9078 Creditor #: 12 BB&T Attn: Bankruptcy Dept. Mail Code: 100-50-01-51 PO Box 1847 Wilson, NC 27894	H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Account No. Creditor #: 13 Bell South Adv. & Pub. Corp. Attn: Managing Agent PO Box 70993 Charlotte, NC 28272	H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Account No. Creditor #: 14 BlueGreen Corp. Attn: Managing Agent 4960 Conference Way N. Boca Raton, FL 33431	J	07/2007 Timeshare Foreclosed in 2008				9,260.00
Sheet no. 2 of 16 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 9,260.00

In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**

Case No. **10-51653**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxx1757 Creditor #: 15 BP Oil/Citibank SD Attn: Managing Agent PO Box 6497 Sioux Falls, SD 57117-6497	J	10/1996 Merchant Charge Card				Unknown
Account No. xxxx-xxxx-xxxx-3218 Creditor #: 16 Capital Management Services Attn: Managing Agent 726 Exchange St, # 700 Buffalo, NY 14210	W	08/2007 Collection Orig: Chase Bank USA, NA Credit Card Account				6,906.00
Account No. Chase Attn: Bankruptcy Dept PO Box 15298 Wilmington, DE 19850-5298		Additional Notice: Capital Management Services				Notice Only
Account No. xxxx-xxxx-xxxx-2236 Creditor #: 17 Capital One Bank Attn: Managing Agent PO Box 30281 Salt Lake City, UT 84130-0281	J	07/2003 Credit Card Account				Unknown
Account No. Creditor #: 18 Carol R. Morris, Licensed Comm. Attn: Managing Agent 3925-F Michael Blvd. Mobile, AL 36616	H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Sheet no. 3 of 16 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 6,906.00

In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**

Case No. **10-51653**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxx-xxxx-xxxx-6228 Creditor #: 19 CCSMC Spectrum/CBSD Attn: Managing Agent PO Box 6497 Sioux Falls, SD 57117-6497	J	02/2001 Credit Card Account				Unknown
Account No. Prism/Citibank Attn: Managing Agent PO Box 6497 Sioux Falls, SD 57117		Additional Notice: CCSMC Spectrum/CBSD				Notice Only
Account No. Creditor #: 20 Cemex Attn: Managing Agent PO Box 277500 Atlanta, GA 30384-7500	H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Account No. xxxx-xxxx-xxxx-3636 Creditor #: 21 Citi/CBSD NA Attn: Managing Agent PO Box 6497 Sioux Falls, SD 57117-6497	W	12/1997 Credit Card Account				1,184.00
Account No. Creditor #: 22 City Transfer Attn: Managing Agent PO Box 2122 High Point, NC 27261	H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Sheet no. 4 of 16 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,184.00

In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**

Case No. **10-51653**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Creditor #: 23 Companion Property & Casualty Attn: Managing Agent PO Box 100165 Columbia, SC 29202		Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC	H					Unknown
Account No. Creditor #: 24 Country Wide Service, Inc. Attn: Managing Agent PO Box 3 Spencer, NC 28159		Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC	H					Unknown
Account No. Creditor #: 25 Credit Bureau Attn: Managing Agent PO Box 26140 Greensboro, NC 27402		Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC	H					Unknown
Account No. Creditor #: 26 Data Service Radiology Attn: Managing Agent 120 Innwood Drive Covington, LA 70433-7159		Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC	H					Unknown
Account No. Creditor #: 27 Diamond Springs Attn: Managing Agent PO Box 38668 Richmond, VA 23231		Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC	H					Unknown
Sheet no. 5 of 16 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims <div style="float: right;"> Subtotal (Total of this page) </div>								0.00

In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**

Case No. **10-51653**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxx-xxxx-xxxx-7376 Creditor #: 28 Discover Bank Attn: Managing Agent PO Box 30943 Salt Lake City, UT 84130	W	08/1988 Credit Card Account				6,366.00
Account No. Discover Financial Svcs LLC Attn: Managing Agent PO Box 15316 Wilmington, DE 19850-5316		Additional Notice: Discover Bank				Notice Only
Account No. Creditor #: 29 Domain Registry of America Attn: Managing Agent 2316 Delaware Ave, # 266 Buffalo, NY 14216-2687	H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Account No. xxxxx4164 Creditor #: 30 Dyck-ONeal, Inc. Attn: Managing Agent 15301 Spectrum Drive, # 450 Addison, TX 75001-6436	J	06/2009 Unsecured Installment Loan "HomeSaver Advance"				5,906.00
Account No. Creditor #: 31 ECUA Attn: Managing Agent 9255 Sturdevant Street Pensacola, FL 32514	H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Sheet no. 6 of 16 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 12,272.00

In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**

Case No. **10-51653**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxx1037 Creditor #: 32 EMP of Davidson County PLLC Attn: Managing Agent 4535 Dressler Road NW Canton, OH 44718	H	06/2010 Medical Services				52.00
Account No. Creditor #: 33 Fidelity Bank Attn: Managing Agent PO Box 1469 Fuquay Varina, NC 27526-1469	H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Account No. Creditor #: 34 First Citizens Bank c/o James Livermon, III PO Box 353 Rocky Mount, NC 27802-0353	H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Account No. Creditor #: 35 First Citizens Bank Attn: Managing Agent PO Box 29514 Raleigh, NC 27626-0514	H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Account No. xxxx8100 Creditor #: 36 Firstsource Advantage Attn: Managing Agent 205 Bryant Woods South Amherst, NY 14228	X J	Collection Orig: Capital One Bank, NA				Unknown
Sheet no. 7 of 16 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 52.00

In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**

Case No. **10-51653**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Creditor #: 37 Fleet Bank of America Attn: Managing Agent PO Box 60073 City of Industry, CA 91716-0073	H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Account No. Creditor #: 38 Ford Credit Attn: Managing Agent PO Box 105697 Atlanta, GA 30348	H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Account No. Ford Motor Credit Company, LLC Attn: Managing Agent PO Box 542000 Omaha, NE 68154		Additional Notice: Ford Credit				Notice Only
Account No. Creditor #: 39 Foster Tire Sales Attn: Managing Agent PO Box 823 Lexington, NC 27292	H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Account No. xxxxxxxxxxxx6372 Creditor #: 40 GEMB/Lowes Attn: Bankruptcy Dept. PO Box 103104 Roswell, GA 30076	H	10/1987 Merchant Charge Card				Unknown
Sheet no. 8 of 16 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 0.00

In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**

Case No. **10-51653**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxx2592 Creditor #: 41 GMAC Attn: Managing Agent PO Box 380901 Bloomington, MN 55438-0901	H	04/2003 Vehicle Loan Business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Account No. xxxxxxxx9758 Creditor #: 42 GMAC Attn: Managing Agent PO Box 380901 Bloomington, MN 55438-0901	J	05/2003 Vehicle Loan Business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Account No. Creditor #: 43 Greensboro News & Record Attn: Managing Agent 200 East Market Street Greensboro, NC 27401	H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Account No. Creditor #: 44 Home Depot Credit Services Attn: Managing Agent PO Box 653000 Dallas, TX 75265-3000	H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Account No. xxxxxxxxxxxxxx1190 Creditor #: 45 HSBC Rodas Attn: Managing Agent PO Box 5253 Carol Stream, IL 60197	J	11/1997 Revolving Account				Unknown
Sheet no. <u>9</u> of <u>16</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						0.00

In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**

Case No. **10-51653**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Creditor #: 46 Hutchens Petroleum Attn: Managing Agent PO Box 272 Stuart, VA 24171		Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC	H					Unknown
Account No. Creditor #: 47 Ingersoll-Rand Company Attn: Managing Agent PO Box 75817 Charlotte, NC 28275		Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC	H					Unknown
Account No. Creditor #: 48 John Deere Credit Attn: Managing Agent PO Box 4450 Carol Stream, IL 60197-4450		Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC	H					Unknown
Account No. Creditor #: 49 Labor Source of Pensacola Attn: Managing Agent 43 W. Nine Mile Road Pensacola, FL 32534		Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC	H					Unknown
Account No. Creditor #: 50 Lakeview Regional Med. Ctr. Attn: Managing Agent PO Box 402840 Atlanta, GA 30384-2840		Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC	H					Unknown
Sheet no. 10 of 16 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims <div style="float: right;"> Subtotal (Total of this page) </div>								0.00

In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**

Case No. **10-51653**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xx1585 Creditor #: 51 Lexington Diagnostic Attn: Managing Agent PO Box 5007 High Point, NC 27262	J	06/2010 Medical Services				67.00
Account No. xxxxxx0013 Creditor #: 52 Lexington Memorial Hospital Attn: Managing Agent PO Box 1817 Lexington, NC 27293-1817	H	06/19/10 Medical Services				721.00
Account No. Creditor #: 53 Lexington Mower Attn: Managing Agent 555 Central Avenue Lexington, NC 27292	H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Account No. Creditor #: 54 Lexington Shell Attn: Managing Agent 2210 South Main Street Lexington, NC 27292	H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Account No. Creditor #: 55 NCDA Attn: Managing Agent 1090 Mail Service Center Raleigh, NC 27699-1090	H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Sheet no. 11 of 16 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 788.00

In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**

Case No. **10-51653**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 07-CVS-1049	X	J	2007 Pending Lawsuit: Lexington State Bank v. Frady Tree Service, Inc., Tanya C. Frady, Kelly S. Frady, & Ralph E. Carrick Superior Court Div., Davidson County			X	803,904.23
Creditor #: 56 NewBridge Bank Attn: Managing Agent PO Box 867 Lexington, NC 27293-0867							
Account No.			Additional Notice: NewBridge Bank				Notice Only
NewBridge Bank Attn: Brinkley S. Hunt, Esq. Brinkley Walser, PLLC PO Box 1657 Lexington, NC 27293-1657							
Account No. xxxx8038		J	Collection Orig: Citibank (SD) NA/Gateway				Unknown
Creditor #: 57 Oxford Management Services Attn: Managing Agent CS9018 Melville, NY 11747							
Account No.		H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Creditor #: 58 Raleigh Radiology Assoc. Attn: Managing Agent PO Box 12408 Roanoke, VA 24025-2408							
Account No.		H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Creditor #: 59 Rapid Management Co. DIP Attn: Managing Agent 10350 Cove Avenue Pensacola, FL 32534-1140							
Sheet no. <u>12</u> of <u>16</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			803,904.23

In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**

Case No. **10-51653**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Creditor #: 60 Ripple Oil Company, Inc. Attn: Managing Agent PO Box 59 Welcome, NC 27374	H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Account No. Creditor #: 61 Safelight Program Attn: Managing Agent PO Box 28448 Raleigh, NC 27611-8448	H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Account No. xxxx-xxxx-xxxx-4839 Creditor #: 62 Sears/CBSD Attn: Managing Agent PO Box 6283 Sioux Falls, SD 57117-6283	W	12/2005 Merchant Charge Account				1,058.00
Account No. Creditor #: 63 Sprint Attn: Bankruptcy PO Box 8077 London, KY 40742	H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Account No. Creditor #: 64 St. Paul Fire & Marine Ins. Co. Attn: Managing Agent 385 Washington Street Saint Paul, MN 55102	H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Sheet no. 13 of 16 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,058.00

In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**

Case No. **10-51653**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Creditor #: 65 Terex Attn: Managing Agent 12210 Collections Center Dr. Chicago, IL 60693	H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Account No. Creditor #: 66 The Hartford Attn: Managing Agent PO Box 2907 New Hartford, NY 13413	H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Account No. xxxx4820 Creditor #: 67 Triad Water HOD, LLC Attn: Managing Agent PO Box 601909 Charlotte, NC 28260-1909	J	2007 Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				88.40
Account No. Creditor #: 68 US Inspection & Testing Svcs. Attn: Managing Agent PO Box 38144 Birmingham, AL 35238	H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Account No. Creditor #: 69 Vermeer Alabama, Inc. Attn: Managing Agent 2950 Pinson Valley Parkway Birmingham, AL 35217	H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Sheet no. 14 of 16 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 88.40

In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**

Case No. **10-51653**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxxxxxxx2127 Creditor #: 70 Wachovia Bank Attn: Dealer Financial Services PO Box 101719 Atlanta, GA 30392	H	06/2006 Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Account No. Wachovia Bank, NA Dealer Financial Services PO Box 3117 Winston-Salem, NC 27102		Additional Notice: Wachovia Bank				Notice Only
Account No. Creditor #: 71 WakeMed Attn: Managing Agent PO Box 751847 Charlotte, NC 28275-1847	H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Account No. 2288 Creditor #: 72 Wat-R-Boy Purification Systems Attn: Managing Agent PO Box 26634 Winston Salem, NC 27114	H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Account No. Creditor #: 73 West Florida Hospital Attn: Managing Agent PO Box 402845 Atlanta, GA 30384-2845	H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Sheet no. 15 of 16 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 0.00

In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**

Case No. **10-51653**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Creditor #: 74 Western Finance & Lease Attn: Managing Agent 420 College Drive South Devils Lake, ND 58301-0640	H	Possible liability regarding business debt for Frady Tree Svcs., Inc. See: 07-50511; MDNC				Unknown
Account No. 						
Account No. 						
Account No. 						
Account No. 						
Sheet no. 16 of 16 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			0.00
			Total (Report on Summary of Schedules)			959,102.63

In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**

Case No. **10-51653**

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
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In re **Kelly Scott Frady,
Tanya Renee Carrick Frady**

Case No. **10-51653**

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Frady Tree Service, Inc. No longer doing business	Firstsource Advantage Attn: Managing Agent 205 Bryant Woods South Amherst, NY 14228
Johnny Bennett Brown 1815 Chestnut Drive High Point, NC 27262 General Partner w/Debtor (H) Arbour Touch Landscaping	Key Risk Mgmt Services, Inc. Attn: Gerald Groon, Esq. Smith Debnam Narron PO Box 26268 Raleigh, NC 27611-6268
Johnny Bennett Brown 1815 Chestnut Drive High Point, NC 27262 General Partner w/Debtor (H) Arbour Touch Landscaping	Berkley Risk Administrators, LLC c/o Gerald Groon, Esq. Smith Debnam Narron PO Box 26268 Raleigh, NC 27611-6268
Johnny Bennett Brown 1815 Chestnut Drive High Point, NC 27262	Florida Dept of Revenue Attn: Managing Agent 5050 West Tennessee Street Tallahassee, FL 32399-0100
Johnny Bennett Brown 1815 Chestnut Drive High Point, NC 27262	Internal Revenue Service PO Box 21126 Philadelphia, PA 19114-0326
Ralph Earl Carrick 253 West 6th Street Lexington, NC 27292 Debtor's (W) father	NewBridge Bank Attn: Managing Agent PO Box 867 Lexington, NC 27293-0867
Ralph Earl Carrick 253 West 6th Street Lexington, NC 27292	Bank of North Carolina Attn: Managing Agent 1226 Eastchester Drive High Point, NC 27265
Ralph Earl Carrick 253 West 6th Street Lexington, NC 27292	Bank of North Carolina Attn: Managing Agent 1226 Eastchester Drive High Point, NC 27265

In re **Kelly Scott Frady**
Tanya Renee Carrick Frady

Case No. **10-51653**

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): Daughter	AGE(S): 14
Employment:*	DEBTOR	SPOUSE
Occupation	Arborist	Teacher
Name of Employer	HRF Enterprises, LLC	Davidson County Schools
How long employed	3+ years	3+ years
Address of Employer	1001 E. WT Harris Blvd. Suite P241 Charlotte, NC 28213	PO Box 2057 Lexington, NC 27293-2057
*See Attachment for Additional Employment Information		

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)
 2. Estimate monthly overtime

3. SUBTOTAL

4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security
 b. Insurance
 c. Union dues
 d. Other (Specify): **Mandatory Retirement**
Health Insurance

5. SUBTOTAL OF PAYROLL DEDUCTIONS

6. TOTAL NET MONTHLY TAKE HOME PAY

7. Regular income from operation of business or profession or farm (Attach detailed statement)

8. Income from real property

9. Interest and dividends

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

11. Social security or government assistance
 (Specify): _____

12. Pension or retirement income

13. Other monthly income

(Specify): **HRF Enterprises, LLC**

14. SUBTOTAL OF LINES 7 THROUGH 13

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

(Report also on Summary of Schedules and, if applicable, on
 Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

	DEBTOR	SPOUSE
	\$ 1,933.33	\$ 4,085.33
	\$ 0.00	\$ 0.00
3. SUBTOTAL	\$ 1,933.33	\$ 4,085.33
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ 215.23	\$ 359.00
b. Insurance	\$ 0.00	\$ 9.00
c. Union dues	\$ 0.00	\$ 0.00
d. Other (Specify): <u>Mandatory Retirement</u>	\$ 0.00	\$ 208.80
<u>Health Insurance</u>	\$ 0.00	\$ 462.00
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 215.23	\$ 1,038.80
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ 1,718.10	\$ 3,046.53
7. Regular income from operation of business or profession or farm (Attach detailed statement)	\$ 0.00	\$ 0.00
8. Income from real property	\$ 0.00	\$ 0.00
9. Interest and dividends	\$ 0.00	\$ 0.00
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ 0.00	\$ 0.00
11. Social security or government assistance (Specify): _____	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00
12. Pension or retirement income	\$ 0.00	\$ 0.00
13. Other monthly income (Specify): <u>HRF Enterprises, LLC</u>	\$ 0.00	\$ 667.00
	\$ 0.00	\$ 0.00
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ 0.00	\$ 667.00
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ 1,718.10	\$ 3,713.53
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)	\$ 5,431.63	

In re **Kelly Scott Frady**
Tanya Renee Carrick Frady

Case No. **10-51653**

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)
Attachment for Additional Employment Information

Spouse		
Occupation	Majority Member (51%)	
Name of Employer	HRF Enterprises, LLC	
How long employed	3 years	
Address of Employer	dba Frady Tree Care 1001 E. WT Harris Blvd. Suite P241 Charlotte, NC 28213	

In re **Kelly Scott Frady
Tanya Renee Carrick Frady**Case No. **10-51653**

Debtor(s)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	1,157.34
a. Are real estate taxes included? Yes <u>X</u> No <u> </u>		
b. Is property insurance included? Yes <u>X</u> No <u> </u>		
2. Utilities:		
a. Electricity and heating fuel	\$	350.00
b. Water and sewer	\$	60.00
c. Telephone	\$	0.00
d. Other <u>Cable TV</u>	\$	100.00
3. Home maintenance (repairs and upkeep)	\$	100.00
4. Food	\$	800.00
5. Clothing	\$	60.00
6. Laundry and dry cleaning	\$	25.00
7. Medical and dental expenses	\$	25.00
8. Transportation (not including car payments)	\$	325.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	120.00
10. Charitable contributions	\$	800.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	0.00
b. Life	\$	0.00
c. Health	\$	0.00
d. Auto	\$	80.00
e. Other <u> </u>	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) <u>Property Taxes</u>	\$	62.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	638.00
b. Other <u>HELOC Payment</u>	\$	375.00
c. Other <u> </u>	\$	0.00
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other <u>See Detailed Expense Attachment</u>	\$	301.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	5,378.34
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: <u>Possible increase in medical/dental expenses Debtor (W) and dependent.</u>		
20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 15 of Schedule I	\$	5,431.63
b. Average monthly expenses from Line 18 above	\$	5,378.34
c. Monthly net income (a. minus b.)	\$	53.29

In re **Kelly Scott Frady**
Tanya Renee Carrick FradyCase No. **10-51653**

Debtor(s)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)
Detailed Expense Attachment**Other Expenditures:**

School Expenses	\$	100.00
Veternarian/Feed/Pet Food	\$	100.00
Withholding (Debtor-W)--HRF Enterprises	\$	51.00
Grooming	\$	50.00
Total Other Expenditures	\$	301.00

**United States Bankruptcy Court
Middle District of North Carolina**

In re **Kelly Scott Frady
Tanya Renee Carrick Frady**

Debtor(s)

Case No. **10-51653**

Chapter **7**

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 45 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **September 13, 2010**

Signature **/s/ Kelly Scott Frady**

Kelly Scott Frady

Debtor

Date **September 13, 2010**

Signature **/s/ Tanya Renee Carrick Frady**

Tanya Renee Carrick Frady

Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Middle District of North Carolina**

In re **Kelly Scott Frady
Tanya Renee Carrick Frady**

Debtor(s)

Case No. **10-51653**
Chapter **7**

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$14,500.00	2010 Employment (H-HRF Enterprises, LLC)
\$31,472.00	2010 Employment (W-Davidson County Schools)
\$5,000.00	2010 Employment (W-HRF Enterprises, LLC)
\$30,150.00	2009 Employment (H-HRF Enterprises, LLC)
\$450.00	2009 Employment (H-Allstates Employer Svcs, Inc.)
\$43,337.00	2009 Employment (W-Davidson County Schools)
\$14,400.00	2009 Employment (W-HRF Enterprises, LLC)
\$46,945.00	2008 Employment (H-HRF Enterprises, LLC)
\$43,838.05	2008 Employment (W-Davidson County Schools)

AMOUNT	SOURCE
\$22,214.00	2007 Employment (H-Frady Tree Svcs. Inc.)
\$7,363.00	2007 Employment (H-HRF Enterprises, LLC)
\$16,201.00	2007 Employment (W-Davidson County Schools)
\$4,506.00	2007 Employment (W-Winston-Salem/Forsyth County Schools)
\$12,364.00	2007 Employment (W-Frady Tree Svcs., Inc.)
\$4,000.00	2007 Employment (W-HRF Enterprises, LLC)

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
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3. Payments to creditors

None ☒ *Complete a. or b., as appropriate, and c.*

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
None <input type="checkbox"/> b. <i>Debtor whose debts are not primarily consumer debts:</i> List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)			

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
Bank of America Home Loans Attn: Bankruptcy PO Box 5170 Simi Valley, CA 93062-5170	Regular monthly payments	\$0.00	\$0.00
Bank of America, NA Attn: Managing Agent PO Box 21848 Greensboro, NC 27420-1848	Regular monthly payments	\$0.00	\$0.00
Wells Fargo Bank Attn: Managing Agent PO Box 3000 Winterville, NC 28590	Regular monthly payments	\$0.00	\$0.00

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

- None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

- None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Lexington State Bank (nka NewBridge Bank) v. Frady Tree Service, Inc., Tanya C. Frady, Kelly S. Frady, and Ralph E. Carrick 07-CVS-01049	Money Owed (business loan)	Superior Court Division, Davidson County	Judgment stayed per the filing of this bankruptcy petition.
Berkley Risk Administrators, LLC v. John Brown and Kelly Frady dba Arbor Touch Landscaping 08-CVD-012254	Money Owed (business debt)	District Court Division, Wake County	Judgment for plaintiff for \$21,873.00 (plus interest) on 05/07/09.
Key Risk Management Services, Inc. v. John Brown and Kelly Frady dba Arbor Touch Landscaping 07-CVD-011742	Money Owed (business debt)	District Court Division, Davidson County	Judgment for plaintiff for \$10,354 (plus interest)
Wells Fargo Bank, NA v. Kelly Frady 08-CVD-1788	Money owed	District Court Division, Davidson County	Judgment for Plaintiff. Currently amount owed: \$9,959.77. Note: Plaintiff holds lien on Debtor's 2002 Saturn VUE.

- None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
---	--	--------------------------------------

6. Assignments and receiverships

- None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

- None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
Lexington Church of God 810 West 4th Avenue Lexington, NC 27293		Weekly/Monthly	Tithing/offerings average approx. \$800.00 per month.

8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
-----------------------------------	--	--------------

9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Donald L. Coomes, PLLC PO Box 141 Sanford, NC 27331	08/28/10 (\$300.00); 08/29/10 (\$1,499.00)	Total: \$1,799.00 Legal Fee: \$1,500.00 Filing Fee: \$299.00

10. Other transfers

None

- ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE,
RELATIONSHIP TO DEBTOR
Unknown

DATE
July-August 2009

DESCRIBE PROPERTY TRANSFERRED
AND VALUE RECEIVED
1987 Nissan 300ZX
Value received: \$1,750.00

None

- ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER
DEVICE

DATE(S) OF
TRANSFER(S)

AMOUNT OF MONEY OR DESCRIPTION AND
VALUE OF PROPERTY OR DEBTOR'S INTEREST
IN PROPERTY

11. Closed financial accounts

None

- ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION
Bank of America
Lexington, NC

TYPE OF ACCOUNT, LAST FOUR
DIGITS OF ACCOUNT NUMBER,
AND AMOUNT OF FINAL BALANCE
Checking Account

AMOUNT AND DATE OF SALE
OR CLOSING
Amount: \$0.00

12. Safe deposit boxes

None

- ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK
OR OTHER DEPOSITORY

NAMES AND ADDRESSES
OF THOSE WITH ACCESS
TO BOX OR DEPOSITORY

DESCRIPTION
OF CONTENTS

DATE OF TRANSFER OR
SURRENDER, IF ANY

13. Setoffs

None

- ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

None

- ☒ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

- None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

NAME USED

DATES OF OCCUPANCY

16. Spouses and Former Spouses

- None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18 . Nature, location and name of business

None

- ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Arbor Touch Landscaping	1681	No longer in business Lexington, NC	Landscaping -- Partnership between Debtor (H) and Johnny Bennett Brown. Corporate Chapter 7 filing (07-50511) on 03/29/07. Note: Bankruptcy petition named Frady Tree Services, Inc. as Debtor, but the assets/debts/etc. for Arbor Touch Landscaping were included in the filing.	2003 to August 30, 2007.
Frady Tree Service, Inc.	0223	no longer in business Lexington, NC	Tree Service -- Corporate Chapter 7 filing (07-50511) on 03/29/07.	April 2, 2002 to August 30, 2007.
HRF Enterprises, LLC	26-1126815	dba Frady Tree Care 1001 West WT Harris Blvd. Suite P241 Charlotte, NC 28213	Tree Service -- Members of the LLC include Debtor (W) (51% interest) and Stewart Roberts (49% interest).	October 4, 2007 to present (continuing)

None

- ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

- None ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS
LB Consulting Company
636 National Highway
Thomasville, NC 27360

DATES SERVICES RENDERED
Provides Federal/state income tax
returns for HRF Enterprises, LLC.

- None ☒ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
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- None ☒ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
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- None ☒ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
------------------	-------------

20. Inventories

- None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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- None ☒ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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21 . Current Partners, Officers, Directors and Shareholders

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
Tanya Frady	Member of HRF Enterprises, LLC	51%
PO Box 1781		
Lexington, NC 27293		
Stewart Roberts	Member of HRF Enterprises, LLC	49%
1001 E. WT Harris Blvd.		
Suite P241		
Charlotte, NC 28213		

- None ☒ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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22 . Former partners, officers, directors and shareholders

None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23 . Withdrawals from a partnership or distributions by a corporation

None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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24. Tax Consolidation Group.

None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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25. Pension Funds.

None ☐ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------	--------------------------------------

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date **September 13, 2010**

Signature **/s/ Kelly Scott Frady**
Kelly Scott Frady
Debtor

Date **September 13, 2010**

Signature **/s/ Tanya Renee Carrick Frady**
Tanya Renee Carrick Frady
Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

**United States Bankruptcy Court
Middle District of North Carolina**

In re **Kelly Scott Frady
Tanya Renee Carrick Frady**

Debtor(s)

Case No. **10-51653**

Chapter **7**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>1,500.00</u>
Prior to the filing of this statement I have received	\$	<u>1,500.00</u>
Balance Due	\$	<u>0.00</u>

2. \$ **299.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **September 13, 2010**

/s/ Don L. Coomes

Don L. Coomes 27761

Donald L. Coomes, PLLC

PO Box 141

Sanford, NC 27331

919-718-0947 Fax: 919-367-4032

don.coomes13@gmail.com

WARNING: Effective December 1, 2009, the 15-day deadline to file schedules and certain other documents under Bankruptcy Rule 1007(c) is shortened to 14 days. For further information, see note at bottom of page 2

**UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF NORTH CAROLINA**

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Many filing deadlines change on December 1, 2009. Of special note, 12 rules that set 15 days to act are amended to require action within 14 days, including Rule 1007(c), filing the initial case papers; Rule 3015(b), filing a chapter 13 plan; Rule 8009(a), filing appellate briefs; and Rules 1019, 1020, 2015, 2015.1, 2016, 4001, 4002, 6004, and 6007.

B 201B (Form 201B) (12/09)

**United States Bankruptcy Court
Middle District of North Carolina**

In re Kelly Scott Frady
Tanya Renee Carrick Frady

Debtor(s)

Case No. 10-51653Chapter 7

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Kelly Scott Frady
Tanya Renee Carrick Frady

Printed Name(s) of Debtor(s)

X /s/ Kelly Scott Frady

Signature of Debtor

September 13,
2010

Date

Case No. (if known) 10-51653X /s/ Tanya Renee Carrick Frady

Signature of Joint Debtor (if any)

September 13,
2010

Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**United States Bankruptcy Court
Middle District of North Carolina**

In re **Kelly Scott Frady**
Tanya Renee Carrick Frady

Debtor(s)

Case No. **10-51653**

Chapter **7**

VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: **September 13, 2010**

/s/ Kelly Scott Frady

Kelly Scott Frady

Signature of Debtor

Date: **September 13, 2010**

/s/ Tanya Renee Carrick Frady

Tanya Renee Carrick Frady

Signature of Debtor

In re **Kelly Scott Frady**
Tanya Renee Carrick Frady
 Debtor(s)
 Case Number: **10-51653**
 (If known)

According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):

- ☐ The presumption arises.
☒ The presumption does not arise.
☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

Part I. MILITARY AND NON-CONSUMER DEBTORS

1A	<p>Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
1B	<p>Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input checked="" type="checkbox"/> Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.</p>
1C	<p>Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</p> <p><input type="checkbox"/> Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard</p> <div style="margin-left: 40px;"> <p>a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and</p> <div style="margin-left: 20px;"> <input type="checkbox"/> I remain on active duty /or/ <input type="checkbox"/> I was released from active duty on ____, which is less than 540 days before this bankruptcy case was filed; </div> <p style="text-align: center;">OR</p> <p>b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/ <input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on ____, which is less than 540 days before this bankruptcy case was filed.</p> </div>

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

2	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only column A ("Debtor's Income") for Lines 3-11. c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. d. <input type="checkbox"/> Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.																			
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.		Column A Debtor's Income	Column B Spouse's Income																
3	Gross wages, salary, tips, bonuses, overtime, commissions.		\$	\$																
4	Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V. <table border="1" style="width: 100%; margin-top: 5px;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a.</td> <td>Gross receipts</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td colspan="2" style="text-align: center;">Subtract Line b from Line a</td> </tr> </tbody> </table>				Debtor	Spouse	a.	Gross receipts	\$	\$	b.	Ordinary and necessary business expenses	\$	\$	c.	Business income	Subtract Line b from Line a		\$	\$
		Debtor	Spouse																	
a.	Gross receipts	\$	\$																	
b.	Ordinary and necessary business expenses	\$	\$																	
c.	Business income	Subtract Line b from Line a																		
5	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V. <table border="1" style="width: 100%; margin-top: 5px;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a.</td> <td>Gross receipts</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary operating expenses</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>c.</td> <td>Rent and other real property income</td> <td colspan="2" style="text-align: center;">Subtract Line b from Line a</td> </tr> </tbody> </table>				Debtor	Spouse	a.	Gross receipts	\$	\$	b.	Ordinary and necessary operating expenses	\$	\$	c.	Rent and other real property income	Subtract Line b from Line a		\$	\$
		Debtor	Spouse																	
a.	Gross receipts	\$	\$																	
b.	Ordinary and necessary operating expenses	\$	\$																	
c.	Rent and other real property income	Subtract Line b from Line a																		
6	Interest, dividends, and royalties.		\$	\$																
7	Pension and retirement income.		\$	\$																
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.		\$	\$																
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:		\$	\$																
	<table border="1" style="width: 100%;"> <tr> <td style="width: 40%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="width: 30%;">Debtor \$</td> <td style="width: 30%;">Spouse \$</td> </tr> </table>		Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$	Spouse \$	\$	\$													
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$	Spouse \$																		
10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.		\$	\$																
	<table border="1" style="width: 100%; margin-top: 5px;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a.</td> <td></td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>b.</td> <td></td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table>				Debtor	Spouse	a.		\$	\$	b.		\$	\$	\$	\$				
		Debtor	Spouse																	
a.		\$	\$																	
b.		\$	\$																	
	Total and enter on Line 10		\$	\$																
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).		\$	\$																

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$
Part III. APPLICATION OF § 707(b)(7) EXCLUSION		
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: _____ b. Enter debtor's household size: _____	\$
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. <input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.	

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)																										
16	Enter the amount from Line 12.	\$																								
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.	\$																								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 60%;"></td> <td style="width: 35%; text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>d.</td> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	a.		\$	b.		\$	c.		\$	d.		\$													
a.		\$																								
b.		\$																								
c.		\$																								
d.		\$																								
	Total and enter on Line 17	\$																								
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$																								
Part V. CALCULATION OF DEDUCTIONS FROM INCOME																										
Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)																										
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$																								
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.	\$																								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">Household members under 65 years of age</th> <th colspan="3" style="text-align: left;">Household members 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a1.</td> <td style="width: 35%;">Allowance per member</td> <td style="width: 20%;"></td> <td style="width: 5%;">a2.</td> <td style="width: 35%;">Allowance per member</td> <td style="width: 20%;"></td> </tr> <tr> <td>b1.</td> <td>Number of members</td> <td></td> <td>b2.</td> <td>Number of members</td> <td></td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td></td> <td>c2.</td> <td>Subtotal</td> <td></td> </tr> </tbody> </table>	Household members under 65 years of age			Household members 65 years of age or older			a1.	Allowance per member		a2.	Allowance per member		b1.	Number of members		b2.	Number of members		c1.	Subtotal		c2.	Subtotal		
Household members under 65 years of age			Household members 65 years of age or older																							
a1.	Allowance per member		a2.	Allowance per member																						
b1.	Number of members		b2.	Number of members																						
c1.	Subtotal		c2.	Subtotal																						
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$																								

20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.		
	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$
	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$
	c.	Net mortgage/rental expense	Subtract Line b from Line a.
			\$
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:		\$
22A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		\$
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		\$
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.		\$
	a.	IRS Transportation Standards, Ownership Costs	\$
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$
	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.
			\$
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.		\$
	a.	IRS Transportation Standards, Ownership Costs	\$
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.
			\$
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.		\$
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.		\$

27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	\$
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.	\$
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.	\$
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	\$

Subpart B: Additional Living Expense Deductions

Note: Do not include any expenses that you have listed in Lines 19-32

34	<p>Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1"> <tr> <td>a.</td> <td>Health Insurance</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$</td> </tr> </table> <p>Total and enter on Line 34.</p> <p>If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:</p> <p>\$</p>	a.	Health Insurance	\$	b.	Disability Insurance	\$	c.	Health Savings Account	\$	\$
a.	Health Insurance	\$									
b.	Disability Insurance	\$									
c.	Health Savings Account	\$									
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	\$									
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$									
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$									
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$									

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$															
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	\$															
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40	\$															
Subpart C: Deductions for Debt Payment																	
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.	\$															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 30%;">Name of Creditor</td> <td style="width: 30%;">Property Securing the Debt</td> <td style="width: 15%;">Average Monthly Payment</td> <td style="width: 20%;">Does payment include taxes or insurance?</td> </tr> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Total: Add Lines</td> <td></td> </tr> </table>			Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no				Total: Add Lines		\$
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?													
a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no													
			Total: Add Lines														
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.	\$															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 30%;">Name of Creditor</td> <td style="width: 30%;">Property Securing the Debt</td> <td style="width: 35%;">1/60th of the Cure Amount</td> </tr> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Total: Add Lines</td> </tr> </table>			Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.			\$				Total: Add Lines	\$			
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount														
a.			\$														
			Total: Add Lines														
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.	\$															
45	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.	\$															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 60%;">Projected average monthly Chapter 13 plan payment.</td> <td style="width: 35%; text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</td> <td style="text-align: center;">x</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Average monthly administrative expense of Chapter 13 case</td> <td style="text-align: right;">Total: Multiply Lines a and b</td> </tr> </table>		a.	Projected average monthly Chapter 13 plan payment.	\$	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x	c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b	\$						
a.	Projected average monthly Chapter 13 plan payment.	\$															
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x															
c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b															
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.	\$															
Subpart D: Total Deductions from Income																	
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.	\$															
Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION																	
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$															
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$															
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$															
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$															

52	<p>Initial presumption determination. Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.</p> <p><input type="checkbox"/> The amount set forth on Line 51 is more than \$11,725*. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.</p> <p><input type="checkbox"/> The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (Lines 53 through 55).</p>		
53	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Enter the amount of your total non-priority unsecured debt</td> <td style="width: 20%; text-align: center;">\$</td> </tr> </table>	Enter the amount of your total non-priority unsecured debt	\$
Enter the amount of your total non-priority unsecured debt	\$		
54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.</td> <td style="width: 20%; text-align: center;">\$</td> </tr> </table>	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$
Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$		
55	<p>Secondary presumption determination. Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.</p> <p><input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.</p>		

Part VII. ADDITIONAL EXPENSE CLAIMS

56	<p>Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 75%;">Expense Description</th> <th style="width: 20%;">Monthly Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">d.</td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total: Add Lines a, b, c, and d</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table>		Expense Description	Monthly Amount	a.		\$	b.		\$	c.		\$	d.		\$	Total: Add Lines a, b, c, and d		\$
	Expense Description	Monthly Amount																	
a.		\$																	
b.		\$																	
c.		\$																	
d.		\$																	
Total: Add Lines a, b, c, and d		\$																	

Part VIII. VERIFICATION

57	<p>I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i></p> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 45%;">Date: <u>September 13, 2010</u></td> <td style="width: 55%;">Signature: <u>/s/ Kelly Scott Frady</u> Kelly Scott Frady <i>(Debtor)</i></td> </tr> <tr> <td>Date: <u>September 13, 2010</u></td> <td>Signature: <u>/s/ Tanya Renee Carrick Frady</u> Tanya Renee Carrick Frady <i>(Joint Debtor, if any)</i></td> </tr> </table>	Date: <u>September 13, 2010</u>	Signature: <u>/s/ Kelly Scott Frady</u> Kelly Scott Frady <i>(Debtor)</i>	Date: <u>September 13, 2010</u>	Signature: <u>/s/ Tanya Renee Carrick Frady</u> Tanya Renee Carrick Frady <i>(Joint Debtor, if any)</i>
Date: <u>September 13, 2010</u>	Signature: <u>/s/ Kelly Scott Frady</u> Kelly Scott Frady <i>(Debtor)</i>				
Date: <u>September 13, 2010</u>	Signature: <u>/s/ Tanya Renee Carrick Frady</u> Tanya Renee Carrick Frady <i>(Joint Debtor, if any)</i>				

* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Current Monthly Income Details for the Debtor**Debtor Income Details:**Income for the Period **02/01/2010** to **07/31/2010**.**Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **HRF Enterprises LLC dba Frady Tree Care**

Income by Month:

6 Months Ago:	<u>02/2010</u>	<u>\$0.00</u>
5 Months Ago:	<u>03/2010</u>	<u>\$2,900.00</u>
4 Months Ago:	<u>04/2010</u>	<u>\$2,900.00</u>
3 Months Ago:	<u>05/2010</u>	<u>\$2,900.00</u>
2 Months Ago:	<u>06/2010</u>	<u>\$0.00</u>
Last Month:	<u>07/2010</u>	<u>\$2,900.00</u>
Average per month:		<u>\$1,933.33</u>

Current Monthly Income Details for the Debtor's Spouse**Spouse Income Details:**Income for the Period **02/01/2010** to **07/31/2010**.**Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **HRF Enterprises LLC dba Frady Tree Care**

Income by Month:

6 Months Ago:	<u>02/2010</u>	<u>\$0.00</u>
5 Months Ago:	<u>03/2010</u>	<u>\$1,000.00</u>
4 Months Ago:	<u>04/2010</u>	<u>\$1,000.00</u>
3 Months Ago:	<u>05/2010</u>	<u>\$1,000.00</u>
2 Months Ago:	<u>06/2010</u>	<u>\$0.00</u>
Last Month:	<u>07/2010</u>	<u>\$1,000.00</u>
Average per month:		<u>\$666.67</u>

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissionsSource of Income: **Davidson County Schools**

Income by Month:

6 Months Ago:	<u>02/2010</u>	<u>\$4,420.00</u>
5 Months Ago:	<u>03/2010</u>	<u>\$3,480.00</u>
4 Months Ago:	<u>04/2010</u>	<u>\$3,480.00</u>
3 Months Ago:	<u>05/2010</u>	<u>\$4,758.00</u>
2 Months Ago:	<u>06/2010</u>	<u>\$4,894.00</u>
Last Month:	<u>07/2010</u>	<u>\$3,480.00</u>
Average per month:		<u>\$4,085.33</u>